

L16000139371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

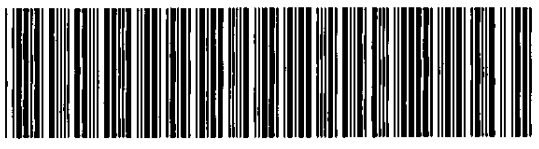
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 27 AM 7:34
DEPARTMENT OF STATE
CORPORATION DIVISION

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16 JUL 27 PM 4:19

J 7/28/14

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 231896 4305390

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : July 27, 2016

ORDER TIME : 2:37 PM

ORDER NO. : 231896-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: 112 MEADOW LANE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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16 JUL 27 AM 7:34
CORPORATION SERVICE COMPANY
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

112 MEADOW LANE, LLC

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16 JUL 27 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: The Secretary of State
State of Florida

The undersigned, for the purposes of forming a limited liability company pursuant to the provisions of s.605, of the Florida Statutes, does hereby execute the following Articles of Organization:

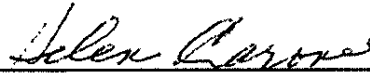
ARTICLE I: Name of the limited liability company:

112 MEADOW LANE, LLC

ARTICLE II: The mailing address and street address of the principal office of the limited liability company is 516 Meadow Lane, Oldsmar, FL 34677.

ARTICLE III: Registered Agent Name & Address: The address of the limited liability company's initial registered office is 516 Meadow Lane, Oldsmar, FL 34677. The name of the limited liability company's registered agent is Helen Carone.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Helen Carone

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company:

MGR

Jennifer Montemarano
4 Hemlock Lane
Kinnelon, NJ 07405

AMBR

Helen Carone
516 Meadow Lane
Oldsmar, FL 34677

ARTICLE V: The undersigned represents that this limited liability company has one (1) or more members.

The undersigned represents that this filing complies with the requirements detailed in s. 605.0203(1)(b) of the Florida Statutes. The undersigned hereby attests that he is authorized to sign this certificate on the limited liability company's behalf. I am aware that any false information submitted in a documents to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: July 16, 2016

Helen Carone
Helen Carone

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TALLAHASSEE, FLORIDA